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APPLICATION NUMBER

FILING OR 371 (c) DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

10/753,205

Parsons Behle & Latimer

201 South Main Street Salt Lake City, UT 84111

Lloyd W. Sadler

**Suite 1800** 

01/06/2004

Daniel John DiLorenzo

4522 P

**CONFIRMATION NO. 5641** 

**FORMALITIES LETTER** 

\*OC000000013473844\*

Date Mailed: 08/09/2004

# NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

10/08/2004 HALI11

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FILED UNDER 37 CFR 1.53(b)

01 FC:2051

65.00 DA

Filing Date Granted

### Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

### SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$65 for a Small Entity

\$65 Late oath or declaration Surcharge.

Replies should be mailed to:

Mail Stop Missing Parts

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

A copy of this notice MUST be returned with the reply.

Express Mailing Label: ED439993008US

Customer Service Center
Initial Patent Examination Division (703) 308-1202
PART 2 - COPY TO BE RETURNED WITH RESPONSE

## THE UNITED STATES PATENT AND TRADEMARK OFFICE

ORS:

Daniel J. DiLorenzo

ASSIGNEE:

n/a

**SERIAL NUMBER:** 

10/753,205

DATE FILED:

01/06/2004

CONFIRM. NO.:

5641

GAU:

3762

TITLE:

APPARATUS AND METHOD FOR CLOSED-LOOP

INTRACRANIAL STIMULATION FOR OPTIMAL CONTROL

OF NEUROLOGICAL DISEASE

ATTORNEY DOCKET:

4522 P

Mail Stop: MISSING PARTS Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

### CERTIFICATE OF MAILING

### Honorable Commissioner:

I hereby certify that the attached paper of fee (Response to Notice of Missing Parts) is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee," Express Mail Mailing Label Number ED439993008US, (under 37 C.F.R. § 1.10) on this day of October, 2004 with sufficient postage and in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop: MISSING PARTS.

> Signature of registered practitioner or other person having a reasonable basis to expect mailing to occur on the date of deposit shown pursuant to 37 C.F.R. § 1.8(a) or person actually making deposit pursuant to 37 C.F.R. § 1.10(b).

Lloyd W. Sadler, Reg. No. 40,154 Name of person whose signature is given above



### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**INVENTORS**:

Daniel J. DiLorenzo

**ASSIGNEE:** 

n/a

SERIAL NUMBER:

10/753,205

DATE FILED:

01/06/2004

CONFIRM. NO.: GAU:

5641 3762

TITLE:

APPARATUS AND METHOD FOR CLOSED-LOOP

INTRACRANIAL STIMULATION FOR OPTIMAL CONTROL

OF NEUROLOGICAL DISEASE

ATTORNEY DOCKET:

4522 P

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P.O. Box 1450

Alexandria, VA 22313-1450

### **COVER LETTER**

### Honorable Commissioner:

Enclosed herewith please find the following documents comprising a Response to Notice of Missing Parts: (1) copy of notice of missing parts, (2) fee calculation sheet, (3) fee (Deposit Account No. 50-0581), (4) signed declaration of inventor, and (5) a return receipt postcard.

Respectfully submitted this\_

day of October, 2004

Lloyd W. Sadler, Reg. No. 40,154 PARSONS BEHLE & LATIMER

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# N THE UNITED STATES PATENT AND TRADEMARK OFFICE

**INVENTORS**:

Daniel J. DiLorenzo

**ASSIGNEE**:

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Commissioner for Patents

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### FEE CALCULATION SHEET

Honorable Assistant Commissioner:

The fee for the accompanying patent application is calculated as follows:

 Surcharge
 \$ 65.00

 TOTAL
 \$ 65.00

The Commissioner is hereby authorized to charge this fee and any deficiency in fee or credit any surplus paid to Deposit Account No. 50-0581.

Respectfully submitted this

day of October, 2004

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